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ABSTRACT

Increased educational programs for deaf blind children and growing concern about program standards require that the programs be effective. An effective program should produce a positive behavior change in a child as a result of teacher awareness of what is expected of both the teacher and the child. Additionally, the teacher should understand the concept of the program, the relationship of the program to teaching, and the construct of the program. Also, the teacher should be able to both prepare activities for maximal use of available resources and systematically measure the activities for subsequent review or presentation to others. (MC)

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WHAT IS EFFECTIVE PROGRAMMING FOR DEAF-BLIND CHILDREN

by

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What is effective programming for deaf-blind children? There are several reasons for asking this question:

(1) There has been an increase in the numbers of programs available for deaf-blind children in the past five years. As late as 1970, there were less than a dozen programs in this country recognized as being specifically for deaf-blind children. Today, there are nearly 100 programs specifically for the child with dual impairments in hearing and vision. Those who fund these new programs for deaf-blind children have every reason to ask if these programs are effective. Those who receive services, parents and children, should be asking if programs are effective, appropriate and/or if they are an asset to the client. Those of us who work in these programs must ask this question, not to justify our reason for being, not to prepare ourselves for eventual outside evaluation, but to maintain our own self-congruence that we are doing what needs to be done.

(2) There is a second reason for asking if programs are effective. There is a national organization which is beginning to request standards for programs for deaf-blind children. This organization will surely gain support for this request. However, in my opinion, the pursuit for standards may go in either of two directions.

Standards may become ritualistic, institutionalized walls which may preclude services to many deaf-blind children in the long run. This route may build a barrier of staff certification requirements,

union recognition, qualification standards for enrollment and elaborate (and irrelevant) evaluation procedures that make the education of deaf-blind children loose its momentum and its effectiveness.

Standards may go in the other direction and hopefully illustrate that the needs of deaf-blind children and their families are common to the needs of many other children and their families. Standards, in this aspect, could help serve as exemplary and novel approaches to provide appropriate and effective educational services to many children not currently receiving appropriate programming.

In either instance, before standards can be agreed upon for programs for deaf-blind children, the primary issue is effectiveness of programs. In this instance, effectiveness is operationally defined as being able to bring about positive results. Once effectiveness can be demonstrated, then it may be possible to define standards for programs.

For those of us working with deaf-blind children, standards should be welcomed if they ensure that all deaf-blind children receive the maximum opportunities to develop potential abilities in programs designed to meet each child's educational needs.

(3) A third reason for asking what is effectiveness was alluded to in a previous statement regarding self-congruence. If those of us working with deaf-blind children are sure of ourselves and what we do, the probability of helping the child seems to increase. Stated in terms of instant replay, it is the "What are you going to do Monday morning?" syndrome. Knowing what to do now and what to do next

leads to a sense of security and purposeful teaching that is often left to chance or depends upon personality factors rather than training experiences. It may be illustrated by the teacher knowing what a child needs as based upon information collected about the child in various ways, rather than starting each child at a certain level regardless of where he may be in his learning process.

I have many opportunities in my work to visit programs for deaf-blind children. I am not there to judge, necessarily, but to observe and try to help. Several program visits ago I happened to walk into a classroom full of activity--teachers and children on the floor in a circle, aides sitting with children who could not manage to sit or stand alone, clapping and singing a song to teach the children what I presumed was group interaction and self-identity. The song went something like, "Who has a friend, Mary has a friend, Mary stand up, Show us your friend...etc., etc." Then in a very brief moment, I had eye contact with the teacher (looking at me looking at her); and in a split second I caught the roving vision in the eye of a little girl, bent over from having such difficulty keeping her sitting balance. Both of these flashing moments hit me as having the same message from teacher and student, "What in the hell is going on?" I really wondered to myself who had a friend. Was the teacher a friend to herself? Did the child have a friend? Was the program a friend to either?

Later in the day, I had a chance to talk with the teacher and asked her about the activity in hopes of finding out why I felt that I had received that message. The teacher's casual response to the

activity was that first thing each morning the class was expected to have a group activity. The word expected was the clue. Who expected it? Why was it expected? What was the expected outcome? As non-threateningly as possible, I asked the teacher these questions. It seems that each question had been decided by someone outside the classroom. The class schedule had read "8:00 a.m. to 8:15 a.m.: Group Activities." Someone, somewhere, sometime had stated--and it may well have been stated by me--that the children should start the day developing a rapport with themself (and note that is in the singular meaning connecting with their own person for that day) and a rapport with others. What no one had asked was, "Are activities such as this effective?" I do not think that I got the message from the child or teacher that the activity was effective.

However, the illustration serves to point out that there are basic ground rules under which each of us operates. The teacher had been expected to do certain things. The child was expected to do certain things. A role had been defined: for the child, for the teacher and for the program. From this a certain principle may be stated:

> To be effective as a teacher, the role which the teacher is expected to perform must be clearly defined. The teacher must know what is expected by way of performance. This principle allows the teacher to know how teaching effectiveness may be measured.

A second principle which may be stated is:

> The teacher must know what objectives the program is to attain and what strategies or approaches are available to be used to attain these objectives. In this manner, the teacher may know how to measure program effectiveness.

The third principle which may be stated is:

> The teacher and all staff concerned with the education of the children in the program must have the guts to see if the strategies meet objectives and if the role of the teacher has been fully met. In this manner, the staff may indicate what activities, strategies and objectives were effective and how to correct ineffective effort.

If these principles can be met (I. Role expectancies, II. Knowledge of objectives and alternate strategies and III. Evaluation of effort), effectiveness of programs becomes less of a chance occurrence and the probability of being effective increases.

If the teacher is expected to be a baby-sitter, know it and act accordingly. James Hymes (4) described this concept of custodial care as being similar to a parking lot:

> Presumably you get your child back in the same condition in which you left him: no dented fenders, no scrapped paint, no changes for the worse, and none for the better, either.

I hope that none of you are in such a program; however, if you are, your strategy would be to see that the child did not do anything, was not wet, not uncomfortable, and was literally taken care of. Your evaluation would be that the child left the classroom each day without experiencing discomfort, bashed fenders or scrapped paint. Under such a construct, your program would be effective, even though you as a teacher might experience frustration when you tried to do activities which led to different goals.

What are some of the teacher's roles in various program concepts? Hewett (3) and others (1, 2) have attempted to define these roles through educational strategies and approaches used to provide services to

handicapped children. Hewett listed three concepts in teaching children: (1) the psychodynamic--interpersonal strategy, (2) the sensory-neurological strategy and (3) the behavior modification strategy.

In the psychodynamic-interpersonal strategy, the teacher assumes the function of the "educational therapist." "In this role, artistry and intuition may be of greater importance than teaching competency." (3,18) This strategy focuses on the meaning and origin of the child's behavior and attempts to direct this behavior toward constructive goals through development of insight into the child as to cultural expectancies of behavior. The educational therapist relates to educational, psychological and, at times, psychiatric information in planning programs for the child.

A secondary strategy listed by Hewett (3,24) was that of an "educational diagnostician" who used the sensory-neurological basis in providing educational programs for handicapped children. The sensory-neurological strategy relates to medicine, especially neurology, and "...in general, there is little concern with inferred psychological meaning of the child's behavior" although, in Hewett's view, those who utilize this approach vary on this point. Hewett listed Kirk, McCarthy, Fernald Kephart, Frostig, Lehtenin and Cruickshank as educational diagnosticians who used the sensory-neurological approach in education. This strategy is concerned with the underlying causes related to behavior.

A third strategy listed behavior modification where the teacher became a "learning specialist." In this strategy the child's behavior is viewed in terms of its adaptive function which does not consider causal factors or the origin of behaviors.

> (Although) it is not, as some may assume from the emphasis on structure and routine, mere emulation of a teaching machine. Selection of the appropriate 'something' to assign the child as a beginning task, the elaboration of this task until the child reaches the desired standard of functioning in the classroom and the selection of the type of meaningful positive consequences for appropriate behavior and the type of negative consequences for inappropriate behavior in order to insure learning, requires a considerable knowledge of child development processes, a degree of clinical judgment, and familiarity with sound educational practices. (3, 46)

Hewett was, of course, writing about the education of children who were emotionally disturbed, but his categories seem appropriate to personnel who are working with any handicapped child.

Bateman (1) was discussing children with learning problems when she listed three clinical approaches to teaching children: (1) the etiological approach, (2) the diagnostic-remedial approach and (3) the task analysis approach. These too seem to be applicable to different types of children with handicapping conditions. The etiological approach centered on causative factors of delayed development while the diagnostic-remedial approach focused on the delineation of specific sensory and perceptual deficits. The task analysis approach attempted to define educational tasks, which the child needed, to achieve particular objectives in the classroom. Bateman did not contend that these approaches were independent but rather that they were educational tools to aid in the clinical application of education to the needs of the child.

There are two other roles which the teacher may assume in working with handicapped children. The first of these may be classified as the developmental/interventionist approach, in line with Hewett's categorization. In this role the teacher serves as an "educational clinician" who observes systems of development in the child and provides specific

intervention for traits which are emerging. In this function, the teacher concentrates on behaviors which the child is expected to present. As the child indicates the performance of these behaviors, the teacher provides specific procedures to encourage further use of these traits. The educational clinician relates to child development, child psychology and to early childhood education as well as to special education procedures to provide appropriate services for handicapped children.

There is another role which seems to be emerging. This role is based upon psychotherapy and has been defined through the work of Rogers and more specifically Truax (5). In this role the teacher assumes the function of a "helping professional." This role is not as concerned with the past training and educational accomplishments of the teacher as it is concerned with the personality traits which will provide an accepting environment for the child to develop and interrelate with others. This role has been successfully incorporated into vocational rehabilitation and into mental health clinics. It deserves more thorough study in classroom settings. In this function, the teacher relies upon three basic characteristics to aid the child in the helping role. These are empathy, warmth and genuineness. These traits have been researched (5) and are defined as follows:

> Accurate empathy involves more than just the ability of the therapist to sense the client or patient's 'private world' as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. (5, 46)

In relation to the teacher of the handicapped child, accurate empathy indicates that the teacher is attuned to the needs of the child and has developed observational techniques to read the child's behavior. In the classroom, accurate empathy in the teacher includes the teacher's awareness of the limits of the educational program within the walls of a classroom and the wider application of educational services to the child outside the classroom. The teacher may realize that it is more important to provide direct program services to the mother at a certain point in the educational program than it is necessary to provide services to the child. Accurate empathy requires the teacher to become a listener and a thinker; the empathetic teacher picks up clues from the posture of the child, verbal expressions or cues of inner thought.

> Non-possessive warmth, or unconditional positive regard, ranges from a high level where the therapist warmly accepts the patient's experience as part of that person, without imposing conditions; to a low level where the therapist evaluates a patient or his feelings, expresses dislike or disapproval, or expresses warmth in a selective and evaluative way. (5, 58)

The teacher of the deaf-blind child should rely on non-possessive warmth to relate to the total picture of the child's development. In this setting, the teacher can place demands upon the child in an atmosphere which is productive for the child in moving toward behavioral changes, yet the teacher is not placing undue emphasis upon achievement. In this characteristic may be seen the relation between teacher and child which is often observed in successful teaching situations but not usually defined. It is an atmosphere. It is an attitude. Warmth

serves, theoretically, as a precondition for the teacher's ability to sense the child's inner experiences and feelings which cannot be readily communicated by the child. It involves a willingness to share equally good experiences as well as bad experiences.

Genuineness has been described as the most difficult trait to develop. Truax defined this characteristic as:

> ...a high level of self-congruence where the therapist is freely and deeply himself. A high level of self-congruence does not mean that the therapist must overtly express his feelings but only that he does not deny them. Thus, the therapist may be actively reflecting, interpreting, analyzing, or in other ways functioning as a therapist; but this functioning must be self-congruent, so that he is being himself in the moment rather than presenting a professional facade. Thus the therapist's response must be sincere rather than phony; it must express his real feelings or being rather than defensiveness. (5, 68-69)

For the teacher, genuineness is simply being himself; it is relating to the child or parent in a real aspect of himself, not with a response "growing out of defensiveness or a merely 'professional' response that has been learned and repeated..." (5) Genuineness in the teacher is when realization occurs that perhaps someone else would be more effective with a certain child or knowing that no one really knows what to do for a child in a particular setting. Genuineness is admitting, "I don't know" to a parent or learning how to work with the child from observing the parent and working with the mother.

Once the role of the teacher has been defined (or mutually agreed upon), the teacher is in a more tenable position to at least know what is expected. The concept of the program has been defined in terms of teacher function.

Construct of the Program

To move toward effective programming, it is then necessary to move to the construction of the program. If the teacher is expected to teach, say, motor development or activities of daily living and the concept of teaching is for the teacher to do these in the setting where the child lives, the teacher should be able to define this construct. If activities of daily living are to be taught in a day school, the teacher may want to spend more time with the mother than with the child in the beginning of the program so that carry-over of school activities are possible in the home. If activities of daily living are to be taught in a residential school, the teacher may want to work with houseparents and/or children in the dormitory. Teaching in a medically oriented program is different than teaching in a strict behavior modification program. The teacher needs to be able to recognize this construct and prepare activities appropriate to the setting as well as to the expectancies of function.

Content of the Program

Thus, content is based upon the needs of the child in terms of the concept of the program and in terms of the construct of the program. In an operant conditioning program, a schedule that read "8:00 a.m. to 8:15 a.m. - Group Activities" would reinforce each movement by the child to interact with another person. Through successive approximations, the child would eventually move nearer to the goal of interacting with others in groups. The same content might be gained in a developmentally based program where the child was provided an environment rich

in interesting and stimulating materials and people. The child being able to come into the classroom at 8:00 a.m. and begin playing would be moving toward the desired outcome of group activities. Both of these illustrations are examples of effective program content. The key seems to be that the teacher know what to do, when to do and how to do. What you are to do on Monday morning depends upon the concept of the teacher's role, the construct under which this is to take place and the content selected to meet the needs of the child to move toward the program's goals.

Evaluating for Effectiveness

There is one further step. This is so vital in knowing how effective a program has been that it is imperative that the teacher document what has taken place. Those of you who have heard me speak before know how strongly I advocate documentation. How else will we know where we start and where we end. There are two constructs of documentation: formative and summative. Formative documentation is the day-by-day, minute-by-minute correcting devices which tell the teacher if each activity fits into the total sequence of the strategy and objectives. Formative documentation is deciding to use this toy or material rather than another toy or material to work with the child in a certain activity. If documentation has been kept on activities, formative evaluation of these activities correct procedures to keep them on target. Summative documentation is the accumulation of information which aids in the long range evaluation of activities and effectiveness. Thus, the baseline

levels of behavior at the beginning, along with daily documentation to correct errors in procedure, and end of the year or semester evaluation may be compared to the program goals and objectives. This allows teachers and other staff members to measure effectiveness of efforts in the program. It also allows decision makers, outside the classroom, to make their decisions based upon data rather than extraneous information.

I do not care whether documentation is conducted through charting rates, developmental scales, periodic staffings or anecdotal records. I feel that the method of documentation should be selected to provide the best fit of data and information to formative and summative evaluations. That is what effective programming is all about: decisions are based upon knowing what to do, how to do and when to do and to be able to show all of this in some systematic manner.

Summary

Therefore, an effective program is one in which a child changes toward some positive behavior as a result of the teacher knowing the concept of the program and how it relates to teaching, the construct of the program and how to prepare activities to maximally use the resources available and how to measure these activities in some systematic manner so that outcome may be reviewed and presented to others. It seems that the only way effectiveness may be obtained is through an understanding of the underlying structure of expectancies, the approaches and strategies available to meet these expectancies and the evaluation of effort to measure if the efforts have met the objectives of the program.

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